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U.S. **UTILITY** Patent Application

PATENT NUMBER and ISSUE DATE

| APPL NUM | FILING DATE | CLASS | SUBCLASS | GAU | EXAMINER | | |
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| **APPLICANT | S: Smith F | orrest: Li | ndsay Raymor | nd: | <u> </u> | | |
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| **CONTINUIN | G DATA VERIFIEI | D: | | | * ,- | | |
| | CLAIMS BENEFIT | | 0,608 02/23/2 | 001 | | | |
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| Foreign priority claimed ☐ yes ☐ no | | | | | ATTORNEY DOCKET NO | | |
| 35 USC 119 conditions met □ yes □ no Verified and Acknowledged Examiners's initials | | | | | 02940182AA | | |
| ITLE : Enhand | ement of the poter | | fficacy of local | anesthe | tics with ibutilide and other | | |
| nethanesulfona | mide drugs | | | | U.S.DEPT, OF COMM./PAT.& TM-PTO-436L(R | | |
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| | | Assistant Examiner | Total Claims | | Print Claim for O.G | |
| ISSUE FEE | | | DRAWING | | | |
| Amount Due | Date Paid | 7 | Sheets Drag. | Figs.Drag | . Print Fig. | |
| · · · · · · · · · · · · · · · · · · · | | Primary Examiner | | <u> </u> | <u>: </u> | |
| TERMINAL DISCLAMER | | PREPARED FOR ISSUE | Applicati n Examiner | | | |
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